

10/566540

## Application Data Sheet

### Application Information

IAP20 Res'd PGT/PTO 31 JAN 2006

Application number:	Not yet assigned
Filing Date:	Herewith
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	
Number of Copies of CFR:	
Title:	PEDF-R RECEPTOR AND USES
Attorney Docket Number:	NIHA-0238
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	1A
Total Drawing Sheets:	30
Small Entity?:	No
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

## Applicant Information

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	United States of America
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Sofia
<b>Middle Name:</b>	Patricia
<b>Family Name:</b>	Becerra
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Bethesda
<b>State or Province of Residence:</b>	Maryland
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	6218 Stoneham Court
<b>City of mailing address:</b>	Bethesda
<b>State or Province of mailing address:</b>	Maryland
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	20817

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Italy
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Luigi
<b>Middle Name:</b>	
<b>Family Name:</b>	Notari
<b>Name Suffix:</b>	
<b>City of Residence:</b>	North Bethesda
<b>State or Province of Residence:</b>	Maryland
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	11801 Rockville Pike, No. 1709
<b>City of mailing address:</b>	North Bethesda
<b>State or Province of mailing address:</b>	Maryland
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	20852

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Spain
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Jorge
<b>Middle Name:</b>	
<b>Family Name:</b>	Laborda
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Albacete
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	Spain
<b>Street of mailing address:</b>	Plaza de la Mancha, 15, 3F
<b>City of mailing address:</b>	Albacete
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	Spain
<b>Postal or Zip Code of mailing address:</b>	02001

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Spain
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Julio
<b>Middle Name:</b>	Escribano
<b>Family Name:</b>	Martinez
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Albacete
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	Spain
<b>Street of mailing address:</b>	Alcalde Martinez de la Ossa nº1 (131)
<b>City of mailing address:</b>	Albacete
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	Spain
<b>Postal or Zip Code of mailing address:</b>	02001

## Correspondence Information

<b>Correspondence Customer No.:</b>	45160
<b>Name:</b>	
<b>Street of Mailing Address:</b>	
<b>City of Mailing Address:</b>	
<b>State or Province of Mailing Address:</b>	
<b>Country of Mailing Address:</b>	
<b>Postal or Zip Code of Mailing Address:</b>	
<b>Phone number:</b>	
<b>Fax number:</b>	

## Representative Information

<b>Representative Customer No.:</b>	45160
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## Domestic Priority Information

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This application	An application claiming the benefit under 35 USC 119(e)	60/579,177	June 12, 2004
This application	An application claiming the benefit under 35 USC 119(e)	60/493,713	August 7, 2003

## Foreign Priority Information

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>

## Assignee Information

<b>Assignee name:</b>	
<b>Street of mailing address:</b>	
<b>City of mailing address:</b>	
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	
<b>Postal or Zip Code of mailing address:</b>	